Vol. XVIII. SEPTEMBER, 1878. No. 105

THE

AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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PUBLISHERS:

JOHN P. MORTON & CO., LOUISVILLE.

CATHCART & CLELAND, INDIANAPOLIS.

THREE DOLLARS PER ANNUM.

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Articles intended for the *Original Department* of this journal must be contributed to it exclusively.

The editors are not responsible for the views of Contributors.

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SEPTEMBER, 1878.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

TRUE AND FALSE EXPERTS.

BY J. W. GORDON, M. D., LL. D.

The subject of expert testimony has recently been largely discussed, both by physicians and lawyers. The bulk of its literature is constantly increasing; nor can I say that its great importance does not entitle it to all the consideration it has received. It touches the highest and most delicate interests of individuals and society; and enters into every branch of judicial investigation. The testimony of the learned can not be dispensed with, without impairing the fairness and destroying the completeness of the administration of justice; for it is often the only source from which it is possible to derive the light in which the true character of a transaction can be seen and determined. Its general discussion in *The Practitioner* would be out of place. Nevertheless, a few observations upon that department of it which is most prominently associated in the public mind with medical experts, will, it is believed, be regarded as neither out of time nor place in its pages.

The physician is first a man like other men. He is born, or becomes, a citizen. Both as a man and citizen, he has rights; and, as the price of his rights, is bound to the performance of duties. By the neglect or violation of his duties, he may forfeit and lose his rights. The rights of others are the measure of his duties with respect to them. His rights are the measure of the duties of others with respect to him. Justice requires that he shall dutifully respect the rights of others in all his acts; and that they shall respect his in all theirs. As men and citizens we are social; and rights and duties, as the subjects of justice, have no existence out of society. Indeed, they are inconceivable. The society into which a man voluntarily enters, or is born, or brought when too young to choose, acquires certain rights with respect to him as soon as he enters it, and retains them as long as he remains in it. He becomes bound to render it certain duties in consideration of the rights which he acquires by becoming a member of it; and which in duty it accords and guarantees to him. Here again, as between mere individuals, rights and duties are reciprocal and mutual between the individual and the society to which he belongs. They mutually possess each other, so far as this reciprocity extends. Among the rights of society in the individual, is the right to require him to appear before its tribunals and testify touching any matters of fact important to the right decision of any controversy therein, whether it be between two or more persons in relation to merely personal interests, or between an individual and society at large, and involving the protection of the public by the repression and punishment of crimes. This right is absolute in society; and its entire force is pledged, in the organism known as the state, to give it expression and validity. Of course the duty on the part of each of its members to cheerfully accord this social right is correspondent. All persons stand equal, under a just government, in respect to the duty to appear in the courts in answer to their summons, and testify to any facts which they may have witnessed, in any private or public controversy going on there. Professional men stand upon the same plat-

form in this respect as those who are not professional. There is no difference between them. The one as well as the other may be attached and punished for contempt of the public authority, if he disobey the summons. Whoever stands present, and witnesses a contract between two citizens, or sees a trespass committed, or hears a slander spoken, may be compelled to appear in court and testify to what he knows about the one or the other. But in such cases, as the controversy relates to a private interest, the law prescribes a small fee to be paid by the party requiring his testimony; and gives him, if he be successful in the litigation, a right to judgment against his adversary for it. And this is manifestly just; for it is but fair to require him who has done the wrong which makes the action necessary, or who has wrongfully brought the action against one who has done no wrong, to pay the expenses arising from the contest. But the law is the same in requiring any person who may stand present when a public offense is committed, to appear and testify to all that he may know touching its commission, or in any wise calculated to throw light upon it. Here, again, the right of society, and the duty of the citizen are absolute. Whenever society requires, the citizen must perform the duty; and if he fail therein, he is guilty of a contempt of public authority, and justly subject to be punished therefor. Professional men are, in this respect, on the same jural basis with others—neither better nor worse. If, in one of these criminal prosecutions, the state is successful, judgment is rendered against the offender for whatever penalty the court or jury affix to his crime; and for the costs of the prosecution, among which are reckoned the ordinary fees of the state's witnesses. If the convict pays, the witnesses receive them; if, however, he has no resources wherewith to pay, the witnesses receive nothing, for the state pays none of her ordinary witnesses in such cases. The interest which the people have in the protection of society by the conviction and punishment of criminals, is regarded as an equivalent for the services rendered by witnesses. It is true, that in the cases of poor persons who are unable to pay the

cost of travel from their homes to court, the court may, and frequently does, make an allowance of such expenses; it is not, however, made as an equivalent for services rendered, but only as a necessary means of enforcing the laws,—not for the advantage of the witness, but of the state. To this extent all witnesses are equal.

The duty of every witness, in court, is to speak the truth simply and plainly. How far and how well he will do so, in any given case, depends upon many causes, both intellectual and moral. All these become the proper subjects of investigation and animadversion in the course of the litigation in which he testifies. It is both the right and the duty of all persons engaged in the controversy, to examine and closely scrutinize every element of the testimony of each witness; to ask for, and, if possible, ascertain its relations to every other; and to the whole body of testimony in the case; and fairly to consider and weigh it by itself and with the whole. If it be the offspring of any sinister motive, or deflected from the straight line of truth thereby, then that motive should be severely investigated, that its entire influence upon the witness and his testimony may be determined. The true witness is never conscious of the presence or influence of such a motive. The false witness is always more or less so. There are so many sources of falsehood in what men sincerely say, in relation to facts that they claim to have observed, that volumes have been written to explain them; and still there is room for others. This is no place to discuss them; but it is proper to call attention to them as the foundation of what remains to be said on the subject of *True and False Experts*. Given a true man, and he will always be a true witness. Given a true man, and he will always be a true expert. The title of this paper, therefore, involves a solecism. There is properly no such thing as a *false expert*, in the sense of our science. This was foreseen when the title was chosen. The falsehood is in the man, not in the attribute of expertness. In that respect he is either an *expert*, or he is *not an expert*. If he is not, and pretends to be, he is, so far, a false pretense

and a lie. If he is, but, in the pretended exercise of his function as an expert, contradicts, either in his statement of facts or conclusions, his science or experience, he is simply a perjured witness. In either case, the flaw is in the man. It lies deeper, and is more pervading than his special character, real or assumed. The man is a criminal merely; and deserves the punishment and infamy of perjury.

It has often been my painful duty to be compelled to witness the audacious commission of perjury, by men who were, or pretended to be, experts in medical science. A great many years ago I heard a really learned physician testify touching a most atrocious murder, so as to satisfy the court that the deceased had probably died by her own hand, instead of that of the prisoner. A great body of evidence, in the case, went to prove that deceased had been smothered to death in her bed; but her throat was found to be cut clear across to the bone, and she was found lying in the middle of the floor. For the state, it was contended that her throat had been cut, after she had been smothered, in order to give the prisoner ground for the defense that she had committed suicide. In support of the state's view, was urged the manner in which the blood had escaped from the vessels of the neck. Both the common carotids had been severed; but the entire person of the deceased, and the room and furniture in it, showed no sign of any jet or spirt of blood from either of them. On the contrary, the blood had simply flowed from the wound where she lay, and run along the floor, touching nothing else. Besides, so far as the evidence tended to disclose its quality, it was not arterial but venous. Upon these facts, the prosecution rested, confident of a conviction. But the medical testimony soon put an end to this confidence. The learned doctor was asked to account for the absence of any jets of blood, or other evidence of arterial action; and did so, by saying that, the evidence clearly disclosed that, along with the common carotids, the pneumogastric nerve was also severed; that, by reason of this lesion, the lungs at once ceased to perform their function; that the blood, no longer being decarbonized,

acted as a poison upon, and paralyzed the brain, which produced a cessation of the heart's action, and so left it impossible to have any arterial jets of blood in the case. The case was given up at once, the learned judge directing the jury, over the protest of the prosecuting attorney, to find the prisoner not guilty, in their box. Timidly, indeed, but audibly and firmly, nevertheless, was it suggested to his honor that, it ought to be shown how the carbonized blood reached the brain to paralyze it; and, if it was sent thither by way of the occipital arteries by the heart's action, whether the same stroke that sent it, must not also have sent a corresponding stream by the way of the severed carotids? The suggestion passed unheeded. The false man, the false witness, the *false expert*, had defeated and dishonored justice in her own temple.

More recently, in one of our courts, in the capital of Indiana, has a false man, brought hither from another state, assuming the character of an expert, as the only means of hiding *his* ignorance, and shielding malpractice from deserved condemnation, supplemented the anatomy of the pelvis of the human female with numerous muscles, nerves and ligaments, that have no existence in fact; and the false man, the false witness, the *false expert*, as promptly invented names as structures—giving "to airy nothing a local habitation and a name." In the latter, as in the former case, the falsehood was successful; but in a different way. It was by the very definiteness of the falsehood that the first triumphed; while the last reached his object by mere confusion and uncertainty. In both cases there was falsehood; but, in each, so far as the testimony was false, it is respectfully submitted, it was not expert testimony at all; and that the witness, though false as man and as witness, did not become thereby a *false expert*. He could not have had experience of the lie he invented and retailed under oath, whether it was concerning the existence of an imaginary muscle and its name and function; or a mere conclusion touching the order of phenomena in death resulting from a severed throat.

It has been already seen that all owe the state, as ancillary

to its function of doing justice, the truth that is in them touching subjects of judicial inquiry and decision. Beyond this, the state has no claim upon any one. It can not, without compensation, compel any one to acquire a knowledge of facts; or study a case, in order to deduce from it a scientific conclusion, that he may so become able to testify, either in a civil or criminal action, to such facts or conclusion, and thereby so to enlighten its tribunals in regard to the same, as to enable them rightly to decide it. No man's particular services can be required without just compensation. In creating the state, the people have imposed this express limitation upon its power; and our courts are beginning to apply it, in the protection of professional men, both in making scientific investigations, and in delivering scientific opinions, for the advancement of public justice. It was held, therefore, before the statute settled it, that when a post mortem examination becomes necessary to the ends of justice, and the officer charged with the duty of having it made, procured a doctor to make it, the doctor was entitled to compensation for the service. (Gaston v. The Board of Comm'rs, etc., 3 Ind. 397.) And the Supreme Court of Indiana have more recently held, "that physicians and surgeons, whose opinions are valuable to them as a source of their income and livelihood, can not be compelled to perform service by giving such opinions in a court of justice without" being paid for them. (Buchman v. The State.) Learned physicians, thus assured of compensation, will doubtless not refuse any reasonable services to the state, that may be necessary to detect crime, or insure its adequate punishment.

The services which may become necessary to the ends of the state, and which the physician may, therefore, be called upon to render, upon valid promise of fair reward, are threefold in their nature:—1. To investigate and ascertain the facts in a given case, so far as they belong to any department of his professional study, knowledge and experience; 2. To testify to facts so ascertained, and to the scientific inferences deduci-

ble therefrom, so far as they may be essential to the ends of justice; and 3. To interpret facts testified to by other witnesses, and state the scientific inferences which, in his opinion and judgment, result from them. Thus, in the first case, he is a mere investigator and observer; but still an investigator and observer of special science and skill, in the particular field of his operations. He takes with him into that field all the implements of his science, essential to the required investigation. The educated senses — eye, ear, and touch; — the awakened intellect to perceive, compare, and judge facts in themselves, in their relation to each other, and to their causes and results; and, along with all, the memory to record and reproduce all when and as occasion shall require. Let pride of intellect prompt him to vigilant diligence in the work in hand, and stimulate and sharpen every sense and faculty so that all material facts may be observed and preserved for the ends of the state. When this is accomplished, his labor, as a mere investigator, is at an end. Of course he will not fail to keep faithful and complete memoranda of every observed fact, so that, should memory fail, it may be refreshed and renewed. In the next place, he is required to lay the facts which he has learned as an expert investigator before some judicial tribunal as a witness. In doing this, he is in scarcely any essential respect different from any other witness to any other facts, even the most gross and common. The only difference lies in the nature of the facts he details. These are more remote from ordinary observation than those of common life; require closer and more careful inspection to perceive and know them; and being objects of scientific study are known only by technical names, unintelligible to those who are not educated therein. The witness to these facts, thus new and strange to the uneducated, must find common words in which to describe and make intelligible and plain these uncommon and obscure facts. Failing in this, he will fail in practical use as a witness; the state will derive no profit either from his labors as an investigator or witness; and both

he and his profession will justly suffer in the good opinion of the public. But after reciting the facts which as an investigator he has discovered, he may be required to go further and state his conclusions touching their significance. In doing this, he becomes an expert witness. Some learned men have denied the right to ask the physician to give his opinions touching facts stated by himself; but certainly there is no principle, either of law or medicine, that can be fairly invoked to support the denial. On the contrary, the almost universal practice of men in each profession, and in general science, sustains the propriety of asking him who has discovered the facts to interpret and explain them. And, in the last place, when all the facts of a case, involving a question of medical or surgical skill or science, have been brought before a court or jury, and it is desirable to ascertain and know their significance, they are stated to some of the learned in the profession in the form of a supposition or hypothesis; and his opinion and judgment upon them is asked. With the truth or falsehood of the facts assumed in the hypothesis, the expert has nothing to do. To him, as the basis of the opinion he is to give, they are true. His opinion is either sound or unsound upon that basis alone. If the court or jury trying the case find the facts thus assumed in the hypothesis to be untrue, or any material one of them, the opinion becomes worthless in the ultimate decision of the point involved. If, on the other hand, the court or jury find the facts of the hypothesis to be true, the opinion of the expert, fairly rendered in accordance with the principles of his science and professional experience, ought to control the final decision of the point embraced in it, even if that be conclusive of the entire case.

INDIANAPOLIS. (To be continued.)

OXALATE OF CERIUM AND CAFFEIN AS PREVENTATIVES OF THE NAUSEATING EFFECTS OF OPIUM.

BY SAMUEL C. BUSEY, M. D.

To Professor Da Costa is due the credit of having first suggested the combination of bromide of potassium with morphia to obviate the disagreeable after-effects which so frequently distress patients to whom morphia has been administered. It frequently happens that the potassium salt can not, in consequence of its bulk and unpleasant taste, be employed. Especially is it objectionable when the practitioner prefers to use opium either in the form of pill or powder; nor is its therapeutic effect always desirable.

To meet these objections I have, for some time past, combined the oxalate of cerium with opium, and have in very many instances found it equally efficacious in obviating the nausea and mitigating the distressing after-effects. Sir James Simpson introduced the oxalate into use as a very valuable agent in relieving the nausea and vomiting of pregnancy. Since then its employment has been very widely extended, and it has become quite common to combine it with drugs to secure their tolerance by the stomach.

For a long time I have been accustomed to prescribe a strong decoction of coffee, without milk or sugar, in drachm doses administered every fifteen minutes, to relieve the nausea and headache following the employment of opium. Since the introduction of the effervescing citrate of caffein, I have found it a very agreeable and efficient substitute for the less palatable beverage. These agents are, however, only applicable after the occurrence of the stomachic disturbances. The citrate of caffein, though less efficient than the oxalate of cerium, may be combined with opium. It is inadmissible in those cases where opium produces wakefulness instead of

drowsiness. I have sometimes fancied that it lessened the soporific, without affecting the analgesic, properties of opium.

It may be that these applications of the drugs are quite common; but if they have been previously published, it has escaped my observation.

WASHINGTON, D. C.

A CASE OF GUNSHOT WOUND, THE BALL ENTERING THE CRANIAL CAVITY THROUGH THE FORAMEN MAGNUM.

BY ENOCH W. KING, M. D.

Leopold S., aged twenty-four years, left home on the morning of September 24, 1872, to go to Jeffersonville, Ind., and return that night, and was found about noon the next day by the roadside, on a range of hills known as the "Knobs," with a pistol-shot wound in his neck. He was taken home, and I was called to see him at 9 A. M., September 27. I found him unconscious and delirious at times; a pistol-shot wound entering about half an inch below and posterior to tip of the right mastoid process. I probed the wound to the depth of an inch and a half in the direction of the cervical vertebræ, but could not detect the ball nor go farther with the probe. An inch around the wound was badly powder-burnt. There were several small incised wounds on the face, body and hands, but none of them serious. No one could give any history of how the wounds had been received, nor did he recover sufficient intelligence to give any statement himself.

The clinical features of the case were perplexing. He had been having intermittent fever the week before he was shot. He presented many symptoms of meningeal inflammation, while the rigors and sudden changes of temperature indicated pyemia; but about the tenth day our diagnosis became plain, by the appearance of quite a copious discharge from the wound

of thin watery fluid, which continued in varying quantities till death took place on October 15, 1872, twenty-one days after being found.

There was no paralysis at any time, but perhaps a loss of coördination of muscular movements, as he could not be persuaded to walk after he was found. One night, while delirious and not closely watched by his attendants, he got out of bed and fell against the opposite wall of his bedroom.

At the coroner's inquest, thirty-six hours after death, I made an examination of the wound by cutting across the back of the neck down to the track of the ball, and found it had struck the margin of the superior and lateral surface of the posterior arch of the first cervical vertebra or atlas, near the tubercle, and glancing upward and across, passed through the foramen magnum, posterior to the spinal cord, but wounding the dura mater and arachnoid. A considerable quantity of thin watery fluid was to be seen here, with well marked evidences of inflammation. The friends of the deceased objected to any further examination.

By request of a detective, who was endeavoring to fathom the mystery of his death, Drs. Easley and Lemon, of New Albany, had the body disinterred two weeks afterward, and opened the skull. The brain substance was so broken down by decay that the track of the ball could not be traced through it, but it could be easily seen where it had passed through the tentorium cerebelli. The ball was found lying on the right orbital plate.

The parties who discovered the deceased said that when first found he was conscious, and stated that he had been attacked the night before soon after dark by two men at the foot of the "Knobs," who had shot and cut him, and that he had walked up the "Knobs" during the night over a mile in distance.

Some physicians who were consulted in regard to the case, basing their opinion on the experiments of Flourens, that in the cerebellum resides the power of muscular coördination, said it would have been impossible for the deceased to have walked that distance after receiving such a wound. The par-

ties who found him were suspicious characters, and on the strength of that and the medical opinion, they were arrested and brought to trial; but as no evidence could be produced more positive than the medical opinion, and that doubted by eminent physicians who were engaged by the defense, the prosecution abandoned the case.

GALENA, IND.

MALARIA OF CHILDREN.*

BY WILL M. THORNBERRY, M. D.

Malarial poison, like many other medical topics, has often engaged the minds of eminent members and writers of our profession, and as a reward for diligent and untiring exertion, the cause or combined causes of malaria are now quite satisfactorily determined; but its symptomatology among infants and children yet remains undefined. Adults are, as a general rule, affected by malaria oftener than children, and in ninety-nine out of each one hundred cases the diagnosis is not difficult; while the same poison in the system of a child will often produce a train of symptoms that will, for a time at least, baffle the most skillful practitioner, for the twofold reason that children, who have not the advantage of speech, can not give any satisfaction in regard to the disturbance of the internal organs, and, second, because of the similarity in many instances of symptoms presented by organic lesion and functional disturbance. In order to comprehend this fact more clearly, I will present in order a few out of many interesting cases which I have witnessed.

CASE I. Elmos W., aged six years, was taken with torticollis, or what is called by the popular name of "wry-neck." His father consulted me in regard to his case, and I prescribed stimulating ointments and rubefacients; but, as I was after-

* Read before the Webster Medical Association, Dixon, Ky.

ward informed, no good was accomplished from their use, and the trouble grew worse, while the inclination of the head to one side was increased. Four days after, I visited the child and found him with high fever, which I learned had been gradually rising for twelve hours. His head was very hot; eyes languid; complexion sallow, with a little tinge of red in proportion to the fever; pulse quick and full; tongue pale and flabby, considerably furred, with lateral indentations of the teeth. I ordered applications of cold water to the head, gave him a brisk cathartic, and obtained a partial remission of the fever in two hours. I then put him on full doses of cinchonidia, with small portions of Dover's powder, every three hours, and ordered the cold water applications to be continued. I returned in twenty-four hours to find my little patient in free perspiration, and no symptoms whatever of torticollis.

This case presented a remittent type, from what the mother informed me, from the beginning of the trouble. The child would seem to suffer greatly for ten to twelve hours, and then would come a period of two or three hours' quietude; in short, it was a case of malarial trouble from the very beginning, taking the torticollis as a mask, and teaches the positive necessity of personal inspection in all cases of a doubtful nature, especially in children.

Case II. Luther C., aged three weeks, had been under treatment for two days previous to my visit without beneficial result. I found the infant very restless, pulse extremely quick, head hot, tongue dry and thinly furred, with considerable muscular twitching from nervous disturbance; the liver and spleen were both tender, the spleen very much so, and a gurgling or bubbling sound was distinctly audible in its vicinity, while a sensation of friction could be felt over the organ. The mother stated that the child slept but little, being quite fretful nearly all the time; but in the afternoon of each day its symptoms were little short of a true spasm for several hours, after which little nervous disturbance of consequence was perceptible until the afternoon of the next day. Gathering what I could from the above statement, the diagnosis of malaria

was made, and I ordered cold water applications to the head to be continued so long as twitching of the muscles was observed only, and gave mercury in small doses to arouse the secretions of the bowels (which were moderately constipated), and left six doses of cinchonidia in powder to be given before twelve of the next day. In the afternoon of the next day I returned, finding the babe in a quiet slumber, from which it had not been aroused for five hours, and with a cool but moist skin.

Before passing to another case, let me call attention to one of the most frequent sources of serious error in the diagnosis of many diseases of children. I allude to the previous ailments of parents, for often physicians, without proper discrimination in each case, refer diseases to hereditary taint. As an illustration take the preceding case. Both parents of this infant are of extremely nervous temperament, the babe had been treated two days without any improvement by a physician of considerable repute, who had mistaken a symptom for the disease, and had diagnosed spasm of the bowel instead of malaria, doubtless aided in this incorrect decision by a knowledge of parental temperament, and viewed the spasmodic symptoms in the offspring as due alone to functional nervous disturbance.

Case III. Aaron K., aged eleven years, had been treated two days for "bloody diarrhea." I found him with considerable fever, cephalalgia, tongue slightly coated but moist, and abdomen hot and tender. On inquiry I learned that the child went to stool frequently during the day, passing quantities of mucus of a sanguineous tinge, but with the approach of night the evacuations became more frequent, highly sanguineous, approaching the character of genuine acute dysentery. This latter condition lasted a few hours, and would gradually be replaced by the discharge of sanguineous mucus as before. Twenty-four grains of cinchonidia, with nine grains hydrarg. submur., was sufficient to relieve this case.

Case IV. Was called to see Eliza T., aged four years, who was under treatment for pleuritis, but medication had availed

nothing during the forty-eight hours of her treatment. She was suffering great pain apparently in the right pleura; had a bounding pulse; tongue coated with a thin white fur, was pale and flabby, the under surface bearing indentations of the teeth; the bowels were constipated, probably from previous use of opiates. Auscultation and percussion failed to detect either friction or the presence of fluid in the pleural cavity, while the severity of the symptoms was found to be of a remittent type. It is only necessary to add that previous treatment was discontinued, and the child treated for malaria instead.

I need not relate other cases of similar grade and character to substantiate the fact of varied symptomatology in this disease; for we meet with it in a general practice, masked with almost every conceivable form of disease to which children are subject where the poison abounds. We note it in the form of neuralgia, cephalalgia, dysentery, pleuritis, torticollis, odontalgia; and I have even witnessed it masked in the form of ophthalmagra, and other varied symptoms equally as distant from the true source of the disease. In our vicinity, for the last few years, malaria has continued to affect our people from April of one year to April of the next, and neither old nor young are exempt. Like a few other medical topics, this one of miasmatic poison, has so often been presented to the medical profession, that to many its study has ceased to engage the mind; and yet we might safely venture the assertion, "that while a majority of our members are competent to arrive at a tolerably exact conclusion in cases of adults," they will often be found lacking in cases of children, under two years of age, suffering from the same common cause. Why? Because of the general custom, among medical men, of giving heed to the general pathology set forth by authors, as being applicable to persons of all ages suffering from like causes; and it must be admitted by all intelligent practitioners that no general train of symptoms, in febrile affections of adults, can be taken as a standard in ailments from the same cause in children under two years old, from the fact that quite a difference

exists between the two in the processes of absorption, secretion, circulation, sanguification, respiration, etc. The spinal nervous system and the brain of children at this age are in a stage of active growth, and play a very important part in disease, both presenting a few almost analogous symptoms in nearly all affections susceptible of producing nervous disturbance, often sufficiently obscuring the true cause, so as to mislead a reputable physician into the erroneous belief that he has a local or organic disease to battle, instead of one of systemic nature disguised by nervous irritation. The cause that produces rigors or delirium in an adult, will often produce convulsions in the young child. Hence, the necessity of a more careful examination in the diseases of children than in those of the adult, for the reason that, through reflex or sympathetic action, certain phenomena often exist to allure an otherwise proper discrimination away from the real malady, of which such phenomena are merely trivial results.

Spasm in children can be traced through this same sympathetic influence as a prominent symptom in not a few diseases of children, yet until a comparatively recent date nearly all convulsions of infants were imputed either to teething or to worms; but Dr. Hillier reasonably supposes that these are doubtful causes, except in children where a predisposition exists. I can safely say that nine-tenths of all spasms that I have met with in children were the result of cephalemia during intermittent paroxysms, or due to excessive gastric or intestinal irritation dependent on the same cause. Occasionally we have spasms in children which we are unable to attribute to other causes than irritation from the presence of worms in the alimentary canal; but I never met with a case of "worm spasm," but that the same phenomena were present in the same subject during intermittent and remittent fevers, when the temperature was high.

In regard to the malarial forms of fever, the intermittent is most simple, and with its various masks can usually be readily determined by its periodicity; but the remittent form will fre-

quently require the most judicious examination to differentiate between it and other diseases capable of producing an almost identical train of symptoms. Yet there are two indications present in the malarial remittent of children which are seldom present in other diseases, namely, an indurated, pale and flabby tongue, and very slight tenderness of the spleen,—these are almost pathognomonic; for if we find one of these symptoms in a non-malarial fever, the other is usually wanting, but in a case where malaria is predominant both symptoms are invariably present. This fact I have deduced from many cases, and do not remember of one single case treated by me in which both symptoms were not more or less cognizable, if not at the beginning of the fever, then on the second or third day.

In almost all forms of fever in children there is a tendency to remission, and thus has originated the injudicious term of "infantile remittent" which often serves as a cloak for ignorance; for while the term *intermittent*, in the child as well as adult, is always understood to be of malarial origin, and to require the same treatment, the *remittent* in the adult is considered as due to malaria, while in children, in whom most all the forms of fever are remittent, it is often an ambiguous term, and does not express the etiology and indicate the treatment of the disease so perfectly as the term malarial remittent.

A correct diagnosis is inevitably essential to a proper treatment, especially so in this disease, which is quite as speedily subdued in the child as adult; and a fact which we learn from experience, yet one which is not generally presented by writers, is that heroic treatment is of greater importance in the child than in the adult, for the reason that the organism of the former is more susceptible to change, their nervous system being more easily depressed, and dangerous complications more likely to supervene.

Pooltown, Ky.

EXTENSIVE LACERATED WOUND OF THE ABDOMEN OF A PREGNANT FEMALE.*

BY L. COREY, M. D.

On the 27th of January, 1876, I was hurriedly called to see Mrs. S. C. R., aged thirty-five years, wife of a farmer, an athletic woman, weighing one hundred and thirty-five pounds, and at the time in the third month of pregnancy. She had just received an injury from a vicious cow, which with great violence had thrust one of its horns through the parietes of the abdomen, near the hypogastric region. The woman was lifted into the air, carried some distance and tossed upon the ground by the infuriated animal. Soon as possible the husband, who was near by, lifted her in his arms, and carried her to the barn. Upon a hasty examination he found the intestines had escaped through the wound, and after making an unsuccessful attempt to return them, he carried her a distance of six or eight rods to the house, placed her upon a lounge and sent for me.

About an hour and a half after the occurrence of the accident, my brother (Dr. L. J. Corey) and myself arrived at her bedside, found her lying with almost all the intestines outside the abdomen, with pulse frequent and feeble, respiration hurried, and almost continuous vomiting. Although fully aware of the desperate character of the wound, she was perfectly composed, not manifesting the least alarm in regard to her condition.

Upon careful examination, we found the cavity of the abdomen had been penetrated one and a half inches to the right of the median line, just above the pubic bone, making a ragged, lacerated rent in the parietes, ranging obliquely to the left and upwards, terminating one inch to the left and on a plane with the umbilicus, making a wound at least five inches long,

* A paper read before the Indiana State Medical Society, May, 1878, and ordered to be published.

through which the great omentum, ascending, descending and transverse colon, and most of the small intestines, had escaped, and from which the pyloric extremity of the stomach protruded. The great omentum was much congested, and had two lacerations to the extent of two inches each. It was extensively mangled and comminuted, so that portions adhered to our fingers in handling it. The protruding portion of the stomach and the extruded intestines were not injured as far as we could observe. Upon introducing my right hand into the cavity of the abdomen I could detect no further injuries, but found a considerable amount of extravasated blood, which I made no attempt to remove. Our prognosis as to the result of the case was unfavorable, and we requested counsel and assistance, which were sent for.

Meanwhile we proceeded to cleanse the omentum and intestines of all foreign substances adhering to them, placed the patient on a lounge suitably prepared, elevated the shoulders, and flexed the thighs upon the body to relax the abdominal muscles as much as possible, and then attempted the return of the extruded viscera, but did not succeed. An anesthetic (chloroform and ether, two and a half ounces, being all we had at hand) was administered, but without inducing perfect unconsciousness, when another attempt was made to return the displaced bowels, but with no better results. Every attempt to replace the intestines excited such forcible and persistent bearing down contractions of the abdominal muscles, as effectually to defeat it.

The condition of affairs at this time was, to say the least, decidedly embarrassing. The intestines had now been out of the body two hours, and we had to send two miles for an additional supply of anesthetics. Under the circumstances I determined to enlarge the opening to facilitate a reduction. With a probe-pointed bistoury I divided the parietes from the upper extremity of the wound about one inch, and made another unsuccessful manipulation.

During all this time the patient, perfectly conscious and in full possession of her mental faculties, looked with calm and

hopeless composure upon her frightful condition, the contents of the abdomen named above lying on both sides of the body, and the great omentum spread over the chest to prevent its being interfered with in the efforts to return the intestines.

About 9½ P. M., and three hours and a half after the accident, Dr. Jonas Goode, the physician called in consultation, arrived, also the messenger with the chloroform and ether. Dr. Goode made an examination, and found her condition as above described.

Fearful that the patient might not rally from the full effects of the anesthetic, it was thought best to obtund, but not entirely obliterate, sensibility. In about ten minutes she was so well under the influence of the anesthetic, that we thought the bowels could be returned, and Dr. Goode and myself made a pretty strong effort to return them, but the resistance met with in the former attempts again prevented our success. Finding it utterly useless to further persist in these manipulations short of profound anesthesia, she was promptly brought to this condition, and within twenty minutes the extruded viscera were returned, first the large, then the small intestines, and lastly the omentum. Dr. G. retained the parts *in situ*, while I pared away the tattered tissues, brought the edges of the wound together, and secured them by eight silk sutures passed through the walls of the abdomen. The dressing was completed by the application of adhesive straps, compress and roller bandage.

The patient was then placed in bed, on her right side, in which position she remained two hours. By this time she had almost recovered from the effects of the anesthesia, which passed away without the least unpleasant consequences, and without either nausea or vomiting. She was now placed upon her back, with the shoulders and hips elevated and the thighs flexed upon the body. The fourth of a grain of morphia was given at one o'clock A. M., and the same amount was ordered every three or four hours should suffering require it.

January 28th, 9 A. M.—The patient took but two doses of morphia, and rested well the latter part of the night; slight tympanitis, but very little tenderness of abdomen; pulse 70, respiration 25, temp. 99°. With the exception of a desire to void urine, says she is quite comfortable; a pint and a half of healthy appearing urine was drawn by means of the catheter, and was followed by immediate relief. Treatment, one-fourth of a grain of morphia every four hours. 3 P. M., rested well to day; continue morphia every six hours.

January 29th, 8 A. M.—Pulse 68, respiration 18, temp. 99°; tongue dry, no thirst; but slight tympanitis or tenderness of abdomen. 7 P. M., pulse 69, respiration 20, temp. 99°; urine drawn by the catheter.

Patient continued uniformly comfortable, free from fever, pain, and every unfavorable symptom, up to final recovery. The anodynes, which were never largely required, were gradually reduced, and in a few days left off altogether. On the fifth day there was fair appetite; on the eighth the bowels were well moved. After this the catheter was not required. Removed four of the sutures on the ninth, and the remainder on the tenth day. The wound healed by first intention, excepting at the point of penetration. Twenty days from the occurrence of this most frightful casualty, our patient was dismissed cured.

On the eighteenth day of the following August, just two hundred and two days after the accident, I was called to attend this woman's accouchement, a speedy and natural labor terminating in the birth of a well developed female child, apparently at full term; and at the present time (May, 1878), mother and child are both living, and in the enjoyment of excellent health.

VAN BUREN, IND.

FOREIGN CORRESPONDENCE.

DR. YANDELL'S LETTERS FROM ABROAD—No. V.

LONDON, JULY 15, 1878.

MY DEAR PARVIN: In order to make your September repast more digestible than any I have yet provided you, I shall reduce the number of courses to three, and have these strictly professional. If you find fault with the plainness of the meal itself, you will be forced to say that the table is handsomely decorated with wood-cuts. And that's something. The Hidalgo's dinner was objected to because it contained very little meat and a great deal of table-cloth. I intend to reverse this, and give you largely of meat.

Shortly after I reached London, Wm. Adams, Esq., read, before the Royal Medico-Chirurgical Society, a paper on "*Dupuytren's Contraction of the Fingers.*" I was much interested in the subject, and, through the courtesy of Mr. A., had the opportunity of seeing the gentleman whose hand is represented in Figures 8 and 9. I am indebted to Mr. Ernest Hart, the very able editor of the British Medical Journal, for electrotypes of the wood-cuts with which the paper is illustrated. An abstract of the paper can not fail, I think, to interest you.

Fingers contract, from a variety of causes, *e. g.*, abscesses in palm, laceration of tendons, cicatrices from burns, etc. The particular contraction under discussion was first accurately described by the illustrious French surgeon, and justly bears his name. It is commonly met with in men about the middle, or beyond the middle period of life—very rarely in younger individuals; and Mr. A. has never seen it in women. [I must believe I have seen two cases in elderly females.—D. W. Y.] One finger alone may be affected, and this Mr. A. has found to be usually the ring finger. Other writers have seen the little finger most frequently first affected. But in whatever finger the disease begins, the adjacent fingers generally become involved, though in less degree. The contraction is,

however, sometimes limited to a single digit. The thumb and index finger seldom participate in the disease. The articulations generally remain healthy. Flexion is free; efforts at extension excite pain from the resistance offered by a hard contracted cord, reaching from digit to palm, to which the skin of the palm adheres closely. The skin of the palm, near base of the diseased fingers, is usually drawn into thick, knotty folds. Most authors ascribe the disease to local causes, as pressure of palms and fingers in certain occupations, *e. g.*, carpenters, gunners, wire-drawers, etc. It is often found, however, to depend on a constitutional cause, and this, in Mr. Adams's opinion, is almost if not always the gouty diathesis. In support of this opinion he states that he has seldom observed it in the laboring classes, but generally in the middle and upper classes. It is found associated with the gouty tendency, particularly with the rheumatic gout, which affects several joints, and often produces enlargements of the articulations of the fingers. Further, the contraction is frequently met with in the left hand only, and occasionally in both hands; and in several instances Mr. A. has seen two brothers suffer from it, and occasionally father and son. For these reasons he thinks constitutional causes play a much larger part than local in the production of the disease.

Mr. A. has never had an opportunity to dissect one of these contracted fingers, but he had the following interesting experience: A gentleman, aged fifty, who had contraction of the fourth and fifth fingers in each hand, had the diseased fingers of the right hand accidentally torn open, and the skin in the palm along with the palmar fascia torn across, making a large gaping wound reaching half way across the hand. The tendons and their sheaths, which were uninjured, lay in place, and were found not to be implicated in the contraction, whilst the fascia, which had evidently been stretched like the string of a bow, was the real seat of the mischief. In attempting to extend the fingers the wound, previously transverse, assumed a lozenge shape, in a perpendicular direction. Secured in this position by sutures, and the hand

bound with strips of plaster and bandaged to a splint, with the fingers extended, union occurred, leaving the fingers nearly straight, and their power of flexion good.

In addition to this instructive case, Mr. Adams has been able to appeal to a dissected specimen of finger-contraction contained in the Museum of King's College. (Fig. 1.) Here the little finger, which is alone involved, is seen to be drawn

Fig. 1.

Fig. 2.

FIG. 1. *a*. Contracted band of palmar fascia, stretching across like the string of a bow. *b*. Flexor tendons lying deeply along the concavity of the curve, close to the bones. FIG. 2. Another view of the contracted band.

to the palm by a strong contracted band, which passes along the outer side of the digit along the first phalanx to the beginning of the second. Figure 2 presents another view of the same, showing the contraction to depend upon a band of the palmar fascia. Figure 3 represents a lateral view of the fascial band. Both Dupuytren's graphically described case and the dissections here displayed, are wholly opposed to the generally received opinion which locates these con-

tractions in the tendons and their sheaths. This view of the anatomical conditions which effect the contractions is substantiated in every particular by Mr. A.'s clinical experience. In every case on which he has operated, Mr. A. has found that after subcutaneous division of the tense and prominent cord, which is generally thought to be a tendon, the patient was able to flex the finger as strongly as before, a fact which proves that the fingers do not, as is usually stated, remain stiff and inflexible after the operation.

Mr. A. has had the opportunity to see the disease begin in one hand, where it was already developed in the other. And he thus traces its progress:

The *first* stage is characterized by a flattened nodular induration in the palmar fascia, in or just above the crease in the palm of the hand, corresponding to the metacarpo-phalangeal articulations. The skin is not at first adherent to this spot. In one case the beginning of a fascial-cord contraction could be traced, leading from the transverse crease to the little finger.

Fig. 3.

FIG. 3. Shows the hand represented in Fig. 1, previous to dissection.

In the *second* stage, the skin becomes adherent to the thickened fascia and a puckered dimple is produced, extending from which toward the finger a thickened band of fascia can be distinctly felt.

The *third* stage is an exaggeration of the second, plus the formation of a thick cord-like band of fascia, leading from the central thickening toward the annular ligament of the wrist, accompanied by a gradual drawing down of the finger or fingers toward the palm of the hand.

The *treatment* is either mechanical or operative, the former being applicable only to the very slight cases, the latter being indispensable in either severe or long standing cases.

Mr. A. operates by the subcutaneous method, using a knife very much smaller than that with which tenotomy is commonly done. (Fig. 4.) He thinks the open method unneces-

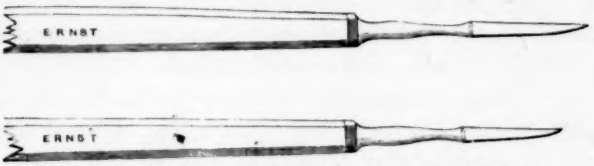

FIG. 4. Small knives used for division of the bands of fascia.

sarily severe, tedious in healing, liable to suppurative inflammation, and especially inclined to failure, an event which leaves the patient worse than before the operation. He makes the *first puncture* at the greatest distance from the finger, in the palm of the hand, a little removed from the point where the skin is adherent to the fascia, and where it is not tightly stretched over the cord, so that the blade can be readily introduced between the two. He then carefully divides the cord by cutting downward, taking care to injure no neighboring structures. He makes the *second puncture* at the other end of the contraction, as near the finger as possible, and in the same careful way divides this extremity of the fascial band, whereby that portion of the cord occupying the palm is cut off from its connections both above and below. To make the *third and fourth punctures*—(and he seldom does more on one finger, and rarely operates on more than two fingers at a sitting)—he introduces the knife at the bifurcation of the web between the fingers, and, directing its edge obliquely upward and outward toward the palm of the hand, divides the lateral bands or digital prolongations of the palmar fascia which extend from the central cord in the palm to the adjacent sides of the fingers. These incisions cut the strongest and most prominent bands which produce the flexion of the first phalanx of the finger on the hand, and should be very

thoroughly, and in order to avoid wounding the vessels or nerves alongside the fingers, very carefully executed. Occasionally lateral bands of contracted fascia require to be divided opposite the center of the last phalanx. This is to be done by puncture at the edge of the contracted bands, the knife being directed transversely toward the bone. Here great care is necessary lest the artery or nerve be injured, for the band, though tough and strong, is at the same time very thin. These bands are divided best with what Mr. A. calls the scissor-pointed tenetome, *i. e.*, with the point of the straight cutting edge represented in Fig. 4 as the central-pointed tenetome in general use does not do this work so readily, or with the same precision. Sometimes a lateral band, between the first and second phalanges at a point corresponding to the articulation, may require to be divided. This, too, should be done with great care. Mr. A. makes no central incisions in front of either the first or second phalanx, lest the tendons or their sheaths be severed, and the power of flexing the finger thus be destroyed.

Mr. A. places over each puncture a pledget of lint, and secures it by a strip of plaster. He then makes immediate extension to the full extent required for the complete straightening of the fingers, where this is possible, and applies a retentive well-padded metal splint from the wrist along the palm of the hand and the fingers; the fingers and hand being bandaged to the splint. (Fig. 5.)

The bandage is not removed until the fourth day, when the lint and plaster may also be taken off,

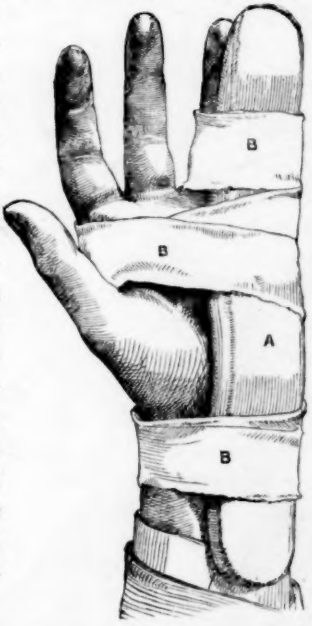

Fig. 5.

FIG. 5. Retentive metal splint to which the fingers and hand are bandaged after the operation.

as the cutaneous punctures are always found to be healed by the fourth day. The retentive metal splint should be reapplied, and the hand and fingers bandaged to it.

Extension should be kept up by the splint worn continuously night and day for two or three weeks; but the splint and bandage should be changed every two or three days. After this, the extension splint need be worn at night only, for an additional three or four weeks, frequent movement of the fingers being encouraged during the day.

Under this mode of treatment, Mr. A. rarely finds the deformity to recur; and when it does, the relapse is but partial and is readily corrected by dividing such bands as have previously escaped, or such as may have become prominent, and

Fig. 6.

Fig. 7.

FIG. 6. Hand showing Dupuytren's contraction of middle and ring fingers, with prominent cord in palm of hand. (From a cast.)

FIG. 7. The same hand as shown in Fig. 6, one year after operation. (From a photograph.) The fingers are perfectly straight and useful, the voluntary power not having been interfered with by division of tendons.

reapplying the dressing. He thinks relapses here compare most favorably with those which occur after the open wound method, which, from the nature of the cicatricial contraction, are put beyond further relief.

Mr. Adams employs in the operation either general or local anæsthesia. When the latter, he overcomes the hardening of the skin—whereby puncture is made difficult—by rubbing the parts with his own hand till they thaw and soften, which, not affecting the anæsthesia of the deeper-seated structures, renders the incisions almost painless.

In Figure 7 the fingers, it will be observed, are perfectly straight. They are also useful, the voluntary power not having been interfered with by division of tendons.

Fig. 8.

Fig. 9.

FIG. 8. Hand showing Dupuytren's contraction of middle, ring, and little fingers. (From a cast.)

FIG. 9. The same hand as shown in Fig. 7, thirteen years after operation. The middle and ring fingers remained completely cured, with full power of flexion; and all trace of contraction in the palm of the hand had disappeared. The little finger, which never could be brought quite straight, from alterations in the joint, said to be the result of injury, remains contracted between the first and second phalanges. (From a cast.)

Reviews.

Transactions of the Medical Association of Georgia, Twenty-Ninth Annual Session—Atlanta, April 17, 18 and 19, 1878. Atlanta, Ga.: James P. Harrison and Co., Printers and Binders.

This volume of nearly three hundred pages is well printed on good paper, and neatly bound: considerable credit is due the publishers in this regard.

Passing by the minutes of the association, we come on page thirty-five to the addresses and papers.

The first of these is the address of the president, Dr. W. O'Daniel, of Bullards. This is brief, and rather too general in its character to admit of any analysis. It pays a just compliment to the venerable Dr. Lewis D. Ford, the first president of the society; utters some noble sentiments as to the dignity of the physician's work; urges the importance of physicians requiring adequate compensation for their services; compliments American surgeons and gynecologists, Sayre and Sims being mentioned, and also American medical journalism; then, after incidental references to various topics, concludes by considering at some length the subject of the State Board of Health, and urging the value of sanitary work. Under the last topic he speaks of New Orleans as being comparatively free from yellow fever, this exemption being "mainly attributable to the continuous labors of an intelligent and well organized sanitary board." The illustration, appropriate enough at the time it was used, seems an unfortunate one in this month of August, when the terrible plague is visiting so severely several of our southern cities, New Orleans among the number.

Next in the volume is the "annual oration," which is by Dr. Wm. R. Burgess, of Macon. This is quite brief, and is

devoted to "Hasty, Unwise and Unfortunate Medical Literature." For so large a subject, the space is entirely too small; nevertheless in it Dr. Burgess criticizes very justly the publication of so-called successful plans of treatment before they have been verified, leading readers to their adoption, and in many cases consequent disappointment.

Following the oration is a report of cases by Dr. T. F. Walker, of Cochran. Dr. W.'s first case is, as it seems to us, one of twin conception, with death of one of the fetuses at two months and a half, the other being fully developed and born at full term. Dr. Walker's other case was one of eclampsia, coming on after delivery. Forty-three severe convulsions occurred; the treatment was copious bleeding, and chloroform and hypodermic morphia and atropia.

Dr. George J. Grimes gives a report of a case of supposed tubercular meningitis, in a man forty-eight years of age.

Yellow Fever, its history, causes, nature, pathology and treatment, (considering exclusively the epidemic of 1876 in Savannah), is the next paper, its author being Dr. J. C. Le Hardy, of Savannah. This is an exceedingly interesting, valuable and opportune paper, and no abstract can do it justice. The subject, however, of treatment is so well presented, that we give it in full in the author's words:

> Since the epidemic of 1858, I have been impressed with the belief that our yellow fever is a disease of malarial origin, and I have consequently held its most judicious treatment to be the same as that pursued in high grades of remittent fever. In 1876, when this fell disease summoned our medical staff to their best and most untiring efforts, this was the treatment I adopted in the first cases that came under my care, and finding it good, I adhered to it to the last.
>
> Whenever the patient presented that peculiar congestion of the skin, with a sluggish capillary circulation, his breathing quick, and complained of pains in the head and back, a hot mustard bath was ordered, he being covered with a blanket while in the bath, and the whole surface of the body well rubbed. The usual result of a single bath was a profuse perspiration, abatement of pains, diminution of breathing. He was then wrapped in the same blanket, laid in bed, and warmly covered in order to keep up the perspiration. If necessary a second or third bath was administered in order to obtain the desired result—improve-

ment in the circulation. The heat of the body was furthermore allayed by frequently sponging the skin with warm water, to which alcohol in some shape was added for the purpose of increasing evaporation. The patient being for no purpose uncovered while in a moisture.

In case the stomach was irritable, warm water, or mustard and water, was given, and, its contents being disgorged, a mustard plaster was applied over the epigastrium. Just as soon as the medicine could be procured and the stomach could retain it, calomel, from eight to twelve grains, was given. If perspiration had been obtained, quinia, five to ten grains, and where restlessness was present without irritability of the stomach, Dover's powders, six to eight grains. This either in three doses, two hours apart, or together in a single dose. In this case the quinia alone was continued in broken doses of five grains, until its effects on the nervous system and circulation were fully and unmistakably obtained. Four hours after taking the calomel a dose of castor oil, or where nausea was present, a Seidlitz powder was given. According to the necessities of the case the quinia was continued during two, three, or four days (or longer), *i. e.*, until the temperature had been reduced to its natural standard, and the return of fever no longer to be apprehended. On the second, third or fourth day, when the stomach would become irritable, all nourishment was prohibited, and cracked ice, iced carbonated water, and iced champagne, were frequently administered—a spoonful or less at a time. Where the stomach was not irritable the only food allowed was beef extract (Valentine's) ten to fifteen drops in a spoonful of water, or a dessert-spoonful of home-made beef-tea, every two hours. When there was acid vomiting, accompanied by a burning pain in the epigastrium, neither nourishment nor any kind of medicine whatsoever, was administered by the mouth, and a blister of considerable size was at once put over the pit of the stomach.

Palliatives for nausea were often found in pellets of ice, small quantities of freshly drawn champagne on ice, or Seltzer water with the addition of a little saturated solution of bicarbonate of soda. For sustenance, injections alone were relied on. These contained the yelk of one egg, one table-spoonful of home-made beef-tea, or one teaspoonful of Valentine's beef extract, and fifteen to twenty grains of sulphate of quinia, all rubbed well together, in a little cooked starch, or white of egg, sufficient to fill a one ounce syringe, and were given about every four hours. When this irritability of the stomach subsided feeding by the mouth was resumed, but with great care, lest a relapse should be occasioned by hearty or imprudent eating.

Relapses are not always indicative of imprudence, excess, or careless nursing. They yield generally to judicious treatment and careful nursing, and are, as a rule, less severe than the first attack. In some instances, where the disease appeared at first amenable to treatment,

and a favorable issue was expected, owing to some cause, bad nursing, improper nourishment, too free use of stimulants, or too much liquid of any sort, or something else, the fever would return with characteristic temperature; nausea, resulting in black vomit, would occur, and death might ensue on the sixth, seventh or eighth day.

Fatal results were sometimes deferred much longer, when a typhoid form set in, and in some instances where all of these symptoms were developed, the patient recovered.

In about two per cent. of the cases treated by me no remedies, or efforts of any kind, appeared to make the least impression on the disease. All the functions of life seemed to be paralyzed at the onset, and such cases would pass through the different stages of the fever until released by death on the third, fourth, or fifth day.

Yellow fever is very quick in its ravages upon the human system, and promptness in its treatment is necessary to success.

Dr. James B Baird, of Atlanta, contributes a paper on Neuralgia, and concludes it as follows:

1. Neuralgia, literally considered, is not a disease, but a symptom of some unknown pathological state of a sensory nervous trunk, fiber or filament.

2. It is characterized by attacks of pain of greater or less intensity, frequency and duration.

3. The pain is paroxysmal, being marked by more or less complete and protracted remissions or intermissions.

4. The causes of neuralgia are numerous, but the most frequent cause, in the opinion of the writer, in this country at least, is malaria.

5. Its essential pathological nature is unknown.

6. The diagnosis as to the existence of the affection is ordinarily sufficiently easy, though the attempt to trace its origin is frequently attended with much difficulty.

7. The prognosis depends upon the cause and our ability to remove it by the means of treatment at our disposal.

8. The treatment should be constitutional and local.

9. The general treatment should be directed, as far as our knowledge or suspicions will warrant, against the cause of the attack. It should be persevered in with a view of removing any supposed taint or infection that may exist, and of augmenting the powers of the system.

10. Apart from any constitutional therapeutic indications, electricity and morphia hypodermically are the most reliable remedies that we possess.

11. Galvanism is by far the most efficient form in which electricity can be administered.

12. To secure the best attainable results, galvanization must be used intelligently, and, in many cases, perseveringly.

Dr. A. W. Calhoun gives a report of one hundred and thirty operations for strabismus.

Dr. A. W. Griggs, of West Point, presents a "report of the section on gynecology for the fourth congressional district;" the subjects considered—illustrated by cases more or less interesting—being acute menstrual suppression, membranous dysmenorrhea, occlusion of the vulva, etc.

Dr. Stout, of Roswell, furnishes a good paper on Psoriasis.

Dr. Thomas S. Powell, of Atlanta, has a paper on The True Physician. We do not know but this ought to have been a second oration, for certainly its eloquent passages and polished periods seem better adapted for such delivery than to be read as an essay.

The next two papers, the one by Dr. Taliaferro, and the other by Dr. Goldsmith—both these gentlemen of Atlanta—are very interesting, relate to gynecology, and present some quite original suggestions. By the way, considering the original work that has been done and is being done by Georgians for distressed women, one is led to at least wonder if Georgia doctors are peculiarly devoted to the female sex, or if Georgia ladies suffer more than other daughters of Eve! An Italian writer—he was a wicked fellow, of course—once remarked that women have long hair and short ideas. But they do have many ills and much patience, and many and ingenious are the devices for the relief of the former.

But to return. The subject of Dr. Taliaferro's paper is, the application of pressure in diseases of the uterus. Dr. T.'s method is having the patient in the knee-and-chest position, the perineum is retracted with a Sims's speculum; then one or two pledgets of cotton saturated with glycerine will be applied to the cervix, and the rest of the packing is of sheep's wool, the carded wool bats broken into small pledgets or separate pieces, and the vagina filled down to the muscular floor of the pelvis, but not below it. The following are the benefits claimed by Dr. T. for this treatment:

1. It diminishes blood supply and nutrition.
2. It is in the first degree a sorbefacient.

3. It destroys redundant tissues by destructive metamorphosis.
4. It diminishes nervous action.
5. It rectifies malpositions.

The doctor adduces some cases strikingly illustrating the value of pressure treatment. We believe this paper a very important contribution to gynecology.

Dr. Goldsmith's paper has for its subject the pith of the dried corn-stalk as a uterine tent. Dr. Taliaferro had already given the profession the cloth tent, Dr. Sussdorf, formerly of Georgia, now of New York city, the tupelo, and now a third Georgian proposes a new tent, viz., the dried pith of the corn-stalk, and proves its value. Not only for dilatation, and for pressure producing absorption, but also as a vehicle for conveying medicinal application to the endometrium, Dr. G. has found this tent exceedingly useful.

Next to these papers we have reports on surgery from the third, and from the fifth congressional district, the former by Dr. A. A. Smith, of Hawkinsville, the other by Dr. J. T. Johnson, of Atlanta. These reports consist chiefly of reports of cases which, as indeed some of the reports to which we have already referred, ought to have been published in a medical journal and not in a society's transactions. Now, among these cases reported is one of rupture of the uterus at four months and a half of pregnancy—a case of considerable interest, especially as the rupture was not an accident but the voluntary act of the patient—but no operation was performed. What fitness, therefore, in including it among surgical cases? And, indeed, had an operation been performed, would it not belong to obstetrics? Just now there is a contest in some of the London hospitals as to whether obstetricians shall be permitted to perform ovariotomy, the surgeons claiming the operation as their exclusive right. But surely obstetricians in Georgia may perform all the operations of obstetric surgery without protest.

The next paper proper of the Transactions is by Dr. W. A. Love, of Atlanta, and is entitled Diagnostic value of the soft palate, as compared with the tongue, in certain pathological

conditions. The following is an extract from Dr. Love's paper:

> In all that class of diseases in which the general condition of the system demands the use of remedies known as cholagogues, of whatever kind, and in all forms and complications, experience has taught me that I risk nothing in saying that the muco-periosteal membrane in the roof of the mouth will, by its yellow tinge, invariably indicate the necessity for their administration; *per contra*, I may say, with equal confidence, that the absence of this yellowness indicates, with equal certainty, that such a class of remedies have been sufficiently used, or are not needed. For twenty-five years this has been my guide, and I do not feel to-day that I have ever been misled by it. Other members of the profession, whose attention I have called to the fact long years since, tell me that as a guide in their daily professional work, it has served them the same good office. Attention to it will do away with much of the use of, or rather abuse of, calomel.

Dr. C. B. Leitner has a brief but very practical paper on the Tar Bandage. The advantages he claims for tarred outside of cloths used as a bandage, whether from amputations or not, are firmness and perfect protection against deposits of all organic character.

Dr. J. B. Roberts, of Sandersville, briefly reports an obstinate case of hiccough—possibly additional evidence of its obstinacy being given by its insertion in these Transactions, where it ought not to be.

The report of the committee on necrology, the constitution and by-laws, and the list of members, both living and dead, conclude the volume.

We have thus completed our review of this volume. But we must reiterate what we have stated as to the unfitness of some of the papers for publication in the transactions of a medical society—the appropriate place for these being medical journals. The volume might have been reduced nearly one-half in size by such judicious disposition of the papers alluded to, and presented more of a complete and congruous character. On the other hand, several of the papers are of much more than of local interest and of temporary value, and deserve to rank high among the contributions to medical literature.

Transactions of the American Gynecological Society for the Year 1877. Boston: Houghton, Osgood and Co.

This volume fulfills the promise of its predecessor for 1876. The address of the president, Dr. Fordyce Barker, reflecting the man, is sound and practical. It especially advocates the importance of medical gynecology, in view of the prominence now given to surgical therapeutics.

Dr. James R. Chadwick, of Boston, presents new views of the anatomy and functions of the second and third sphincters of the anus, and ably proves them to be mere detrusors.

Dr. John Byrne, of Brooklyn, advocates the use of the galvanic cautery as preferable to all other means of amputating the cervix uteri, because there is less bleeding, less risk of stenosis, and because it is more convenient in every way. His views are based on an experience of over one hundred cases. He operates for cancer, even when the organ is much involved; for cervical elongation, hyperplasia, etc.; insists that there is no more danger of contraction of the os than from other methods; deems want of success due to unskillful use of battery and lack of physical knowledge.

Drs. Goodell and Noeggerath supported mainly these views. Dr. Scott vigorously opposed any method of amputation.

Prof. John C. Dalton presents an admirably illustrated report on the corpus luteum.

Dr. Otto Spiegelberg, of Breslau, Prussia, considers true puerperal eclampsia to be due to uremic poisoning, advocates in treatment the maintenance of blood-letting, and very reasonably, too, inasmuch as it is the most speedy means of soothing the irritated sympathetic, reducing arterial tension and establishing the renal functions.

Dr. George H. Lyman, of Boston, recommends the use of dilating tents in metrorrhagia, and suggests as explanatory of the procured effects that the bleeding is due to a spasmodic construction of the internal os, and that this interference of the return circulation is ablated by the method of dilatation.

Prof. William T. Lusk, of New York, asserts that anesthe-

sia, in some cases, arrests or weakens uterine action, and that chloroform is not always innocuous in labor.

Dr. Ely Van de Warker, of Syracuse, ably supports the use of the uterine stem pessary, and cites many eminent living authorities in support of his views; but the general voice of Fellows, as evinced by the discussion, was against the treatment, except to a very limited extent.

Dr. William Goodell, of Philadelphia, reports cases of vaginal ovariotomy, and commends it for small tumors, in certain cases, where a vaginal presentation is marked out; where possible, prefers the abdominal incision on account of greater facility of performance.

Dr. Battey, of Georgia, presents new reasons for the application of his ovariotomy, chief among which are fatal results that sometimes follow ovulation, coupled with imperforate or imperfect uteri. This surgical novelty is evidently gaining more extended recognition.

Dr. Theophilus Parvin reports a case of ovariotomy in which the good result was prevented only by a tetanus intercurrent. The rarity of this accident is shown by an extended table.

Dr. Paul F. Mundé, of New York, reports that electrolysis has a secondary value as a means of cure of ovarian tumors, compared with the excision operation, but credits it with success in a certain number of cases, and in some with a fatal issue.

Dr. T. A. Emmet, of New York, reports and claims novelty for an operation for reëstablishment of the canal in accidental atresia and congenital absence of the vagina, which consists essentially in reaching the cavity of the uterus by any possible means at one time, the washing of the same, and the maintenance of the opening by the use of a glass plug.

Dr. Engelmann, of St. Louis, presents an extended exposition of the hystero-neuroses, or functional disturbances of the various organs due to nervous irritation proceeding from the uterus.

Dr. Wilson, of Maryland, recommends, after five years' use, rapid dilatation of the cervix uteri, as a preferable substitute for tents, bougies, etc., in all cases, and, for the purpose, offers an instrument of his own devising, by which distension is obtained by opening a pair of catheter-shaped forceps blades.

Dr. A. Reeves Jackson's paper on vascular tumors of the female urethra, is of the sort that the general practitioner finds so satisfactory, for it tells him exactly how to cure his patient.

Dr. Thad. A. Reamy, of Ohio, strongly advocates surgical interference in all cases of perineal laceration, however slight, in view of the results which this condition, when not thus corrected, involves.

These, with several other elaborate articles on important subjects, make up the volume of seven hundred pages.

The volume will be a welcome addition to the library of every physician in the land, and will not only ably sustain, but greatly increase the fame of American medical literature.

J. G. R.

Atlas of Skin Diseases. Part IV. By LOUIS A. DUHRING, M. D. Philadelphia: J. B. Lippincott and Co. 1878.

The diseases represented in this number of the Atlas are vitiligo, alopecia areata, tinea favosa, and eczema rubrum. We have already spoken in such commendation of Duhring's Atlas, that we almost fear to add more praise, lest our subscribers grow weary or skeptical. Nevertheless we must state that the plates are quite as good as, if not better than, any that preceded, and that the text is clear and reasonably complete. Such an atlas will be invaluable alike to the student and to the practitioner.

MR. WELLS'S LECTURES ON THE DIAGNOSIS AND SURGICAL TREATMENT OF ABDOMINAL TUMORS.

Mr. Wells has just delivered the last of a course of six lectures, on the Diagnosis and Surgical Treatment of Abdominal Tumors. They were given in the lecture-room of the Royal College of Surgeons, and were listened to by a most distinguished auditory, among whom may be mentioned Sir James Paget, Mr. Simon, Mr. Henry Lee, Mr. Savory, Mr. Erasmus Wilson, Mr. John Wood, Mr. Christopher Heath, Mr. Thos. Bryant, etc. Mr. Wells intended that they should embody all that was most useful in his unequaled knowledge of the great operations which he has done so much to popularize, and with which his name will always be identified. Mr. W.'s style on the rostrum is altogether conversational. His voice, which is not a strong one, was at times almost inaudible, but his hearers quite forgot this drawback, in view of the immense experience which was being told so conscientiously, with such entire forgetfulness of self, and with such rigorous accuracy. More than once his naivêté was touching, and the straightforwardness with which he recounted his mistakes was something beautiful to see. It would be well for us all if there were more Spencer Wells's in our ranks.

Mr. Wells stated that he would bring before them, in the plainest manner, the results of twenty years' exceptionally large observation and practice in a department of surgery which until lately has not received much attention; and endeavor to tell what he has learned about the diagnosis and surgical treatment of abdominal tumors, how he has learned it, the lessons he had been taught by mistakes and failures, the satisfaction which has attended increasing success, feeling that they might be of value to others in directing their thoughts and studies. He commenced by saying that he kept an accurate record of his cases, as he found it saved a

great deal of trouble afterwards. After the usual matters of name, date, residence and family, come those of spinster, wife or widow; if married, how long, the number of children, and whether she has suckled them or not. Then comes the general appearance of the patient, whether her expression is anxious or cheerful, and the relation of her physiological age to her actual age. If older than the real age, she is a less favorable subject for operation than a woman who looks younger than she is. Then whether she is stout and well built, or spare and below par; if dark or a blonde. Patients with ovarian disease are apt to be pallid; while those who have uterine disease have a good deal of coloration about the face very frequently. The amount of hair, thought by some to be significant, he has found of no import. Then it is well to note the temperature of the skin and extremities; the amount of perspiration, if it occurs at rest or on exertion, if it possesses any odor or acidity. Glandular swellings, eruptions, ulcers, cicatrices and œdema, ought all to be noted, not forgetting the condition of the hair or nails. These observations often enabled the medical man to see directly what the case is likely to be. (The importance of such general survey was appreciated more once than now, when physical signs are almost everything; and it is good that Mr. Wells gave them the prominence they deserve, but do not by any means always receive.)

Then he proceeds from the general examination to the examination of the abdomen. This need not necessarily always involve putting the patient to bed, for the first or preliminary examination. The first thing to be noted is what can be *seen;* if there is any enlargement—if so, if it is general or local, if unilateral or on both sides; the absence or presence of fat, the state of the umbilicus, the dilated veins, and any lineæ albicantes that come into view. A brown streak down the median line is a common sign of pregnancy. Then what can be felt. Whether or not there be heat of skin; if the abdominal wall be tense or flaccid, any knots about it, or œdema. If there be any crepitation on moving the hand

about, any feeling of friction, or movement of gas or fluid, producing a gurgle. Then by the application of both hands may be detected any sensation of fluid, or wave of fluid, or merely a sort of bag of jelly, termed the "elastic impulse." Or pulsation or a thrill may be detected, aortic or other. How far any movements are affected by deep expiration and full inspiration, or by sudden pressure, should next be noted. To inspection next comes measurement. Five of these should be taken: First, the girth at the umbilical level; second, a measurement from the lower end of the sternum to the umbilicus; then from that to the pubis, and then from the right and left anterior spines of the ilia to the navel. Then he proceeds to listen, and by percussion maps out the viscera, and notes if there be any change of size or position. The effects of altered position are to be noted, and the effects of respiration on any dullness. Auscultation tells of gurgling, of friction, or the sounds of the vascular system, even as to the fetal heart, about which he thinks the microphone may tell us much.

A tumor may not be detected; but if found, then comes the question, is it single, double or multiple; if the latter, whether the parts are separate or attached to each other, or to the abdominal viscera; then is it smooth, knotty, tense or soft, superficial or deep-seated. The amount of mobility is specially to be noted; if the mobility is general or partial, and if the walls are flaccid. Some guess even may be made as to its weight. It is well, too, to observe the effects of meals, vomiting, purgation or catheterism, on any tumor detected.

The pelvis and its contained organs are next to be carefully examined. The uterus should be examined, and its relations to the tumor, if any, noted down; also the presence of any tumor or growth betwixt the uterus and the rectum. Mere vaginal examination will tell little, but by placing the other hand at the time on the abdomen a great deal more can be learned, especially as to the relations of the uterus to the tumor as ascertained by movement of the uterus, as, for instance, whether the uterus itself is enlarged and moves with

the tumor, or whether any movement that affects the cervix is simply communicated to the tumor. By passing the thumb into the rectum while the finger is in the vagina, Douglas's pouch can be examined, and the uterus may be felt even to its fundus. Exploration of the bladder has not furnished much information. Dilatation of the cervix uteri by a sponge-tent is sometimes desirable in order to permit of more thorough examination. Drawing the cervix uteri down will often furnish information as to what there may be below the brim of the pelvis. The method of Simon, of introducing the hand into the rectum, will at times furnish additional information to that given by the other means of examination.

Lastly come the subjective sensations ascertained by asking questions. The state of the digestion, of the nervous system, the catamenia, their character or absence, and the matter of leucorrhea and other discharges, are to be ascertained. The urinary organs require a little special attention, and the urine should be completely and carefully examined. Then come the history of the disease, the mode of life, previous disease or accident, the family history, and any moral influences affecting the patient. The first signs of illness or complaint; the aggravation of them by the catamenial periods or not; the time when a tumor was first discovered, its locality, and its rate of growth, whether regular or by fits; and if by starts, if these corresponded with the catamenia. Sometimes women are larger before their periods and smaller after them; and this often tells whether a tumor is uterine or not: then any movements felt in it are to be noted. Then the history of the tumor is to be inquired about. Aggravation of the symptoms, as increasing difficulty of breathing, distension of the abdomen, intercurrent febrile attacks, any local inflammation or peritoneal fluid, discharges, the effects of any accident, attacks of pain followed by discharge from the bladder or bowel, and flattening of the abdomen; the effects of tapping, and, if possible, the nature of the fluid,—all are important. On the varied data given, the diagnosis of a tumor, and what sort of a tumor, can be made, "which is fairly and reasonably

accurate;" also an estimate of the prognosis, and the line of treatment to be pursued.

Then when the woman is on her back, if the dullness is in the middle of the abdomen, while around it and at the sides the percussion note is resonant, the strong probability is that there is a tumor. If the center be resonant, with bowel, and the dullness is at the sides, probably the fluid is free; but adhesions of the intestines backward often obscure a case. The changes of position affect free fluid more than a cyst. The wave of a cyst is more limited and not felt so immediately under the hand as in ascites. An ovarian cyst may contain acid or gas; but this is very exceptional. Tapping and the examination of the fluid so procured has been thought a certain means of ascertaining whether the fluid be free or not; but the discrimination of the various forms of albumen has not turned out so trustworthy as was once thought. Then the microscope may be employed to examine the fluid, and certain "ovarian-granule cells" have been described by Dr. Drysdale, who examined most of the cases operated upon by Dr. Atlee, of Philadelphia. Mr. Knowsley Thornton had described certain groups of large, round, pear-shaped or oval cells found in malignant tumors. Mr. Wells described a kidney-cyst which had been operated upon, where every one who saw the case was satisfied it was ovarian. The uterus and ovaries were found healthy. The operation had proceeded so far before the discovery was made that it was thought best to proceed with it. There was no great loss of blood, and the patient went on nicely till the fourth day, when she died. A history of repeated tappings had much to do with the confident diagnosis. In another like case, a certain amount of pointing in the right loin led to the formation of an opening, and the insertion of a drainage-tube with antiseptic precautions, and the patient was cured. He then described semi-solid tumors, and after that solid tumors, each briefly.

Slow development is in favor of an ovarian cyst, while rapid formation suggests ascites. When a cyst does form rapidly, it is usually a single cyst. When the wave of fluctuation is

broken by resistance in several directions, a multilocular tumor is practically certainly present. When there are bony projections or nodules, then the cyst is dermoid, or may contain bone, fat, hair, or teeth. When a distinct sulcus can be felt, both ovaries are probably affected. The contents of the cysts vary; and if there be a history of recurrent pyrexial attacks, the probability is there will be found pus, or blood and serum in the cyst. Solid tumors do not fluctuate. The elaborate pains once taken to ascertain the presence of adhesions are not now practiced, as the presence of adhesions is now known not to darken the prognosis much, unless the adhesions are pelvic. In the removal of the tumor the danger from hemorrhage from pelvic adhesions having to be torn is considerable, and the vessels are often not readily found. By careful examination of the pelvis, it can usually be ascertained whether a tumor is simply jammed down into the pelvis, or fixed there by strong adhesions. When the lower end of the cyst is glued to the bottom of the pelvis, and is not altered by change of position, then the prospect of operation is clouded.

Mr. Wells then exhibited a series of tumors—fibroid and fibro-cystic—of the uterus, which had been mistaken for ovarian tumors. Then three spleens, of which he had removed two, under the impression that they were ovarian tumors, until the operation was too far advanced to permit of retreat apparently; while in a third the diagnosis was made in life, but it was determined to chance the operation. This case went on well till the seventh day, when death ensued from clot in the heart. Cancer of various abdominal viscera has often been mistaken for ovarian tumor. An hytadid cyst of the liver had been knowingly removed successfully. A large aneurism was once tapped for a pelvic abscess. "That lady died upon the table in a very few minutes." Hematocele and pelvic abscesses are sometimes so large as to be mistaken for ovarian disease. One hematocele extended considerably above the umbilicus. Resonant enlargement of the abdomen, called "phantom tumors," disappear under chloroform. Pregnancy

may coëxist with ovarian cysts. In one case, where "movable kidney" was diagnosed on the right side, there being ovarian disease on the left side, at the ovariotomy the "kidney" was examined; it was found to be the right ovary, with a pedicle a foot long. "It was held up under the right false ribs by the merest little film of adhesion." In one case, a tumor of the abdominal wall was first thought to be ovarian. The late Mr. Baker Brown removed it, with a piece of peritoneum the size of the palm of the hand, successfully.

As to the surgical treatment of ovarian cysts, Mr. Wells said we should discriminate betwixt the cases where the tapping does not save life, and those where the tapping may have done harm. Often the result is attributed to the tapping, which is really due to the disease. "It is very seldom, indeed, that tapping is in itself dangerous." Sometimes a blood-vessel is wounded by tapping, but this is "the rare exception to the general rule." A greater risk is the entrance of air and the setting up of putrefactive changes in the cyst. As to the mode of tapping, it may be performed either through the abdominal wall, the vagina, or rectum; and in any case, the tapping may or may not be followed by pressure; the opening may be permitted to heal, or a drainage-tube may be inserted, and with this may be associated the injection of iodine or some antiseptic fluid. The old method of tapping the patient seated on a chair had been abandoned, on account of the liability to syncope, for that of on her side near the edge of the bed. Here no bandages are required, and large cysts could be emptied without syncope. The "dry tapping" of Sir Astley Cooper was due to the insufficient length of the trocar, so that the cyst leaving the trocar the fluid escaped into the abdominal cavity, or at other times the cyst was never reached. By increasing the length of the canula, such mishap was avoided. He then described the form of instrument now in use by him, and also the modifications made by Dr. Fitch, of New York. After the preliminary puncture of the abdominal wall by the scalpel, the protected trocar is pushed in, and with a long piece of tubing attached to it, ex-

tending to a pail under the bed, the fluid drains away without splashing, "and there is no possibility of air entering the abdominal cavity." "The tube may be moved about as a probe to feel whether any tumor is free or adhering, and we can do that without the slightest fear of doing harm." Then it is quite easy, if desired, to wash out the cyst, fixing an ordinary enema-syringe to the end of the elastic tube, and either exerting suction on the fluid in the cyst, or injecting any antiseptic liquid, drawing it out again by reversing the action of the syringe. When the cyst is single, complete cure may follow the first tapping. In single cysts tapping should always be tried. "If the tapping be done with precaution, the risk is extremely small; the patient loses nothing, and may be cured: the mortality of ovariotomy, supposing it afterwards becomes necessary, is very little affected indeed by previous tappings." As to tapping by the vagina or rectum a curved trocar was necessary; and where solid cyst with a fluid lower portion fixed in the pelvis was diagnosed, it could be emptied by a trocar passed in near the uterus and coming out again at the rectum, and a drainage-tube might be connected with this trocar. As to the risk of permitting the air, it was better than fecal gases.

The practice of using pressure after tapping has entirely fallen into disuse. Not only is it productive of inconvenience, but it may lead to the formation of adhesions. The formation of an intraperitoneal opening in the cyst wall is now entirely abandoned. Sir James Simpson advocated the cutting out of a small portion of the cyst wall, and so letting the cyst retract and empty itself; this object can be more simply and effectually carried out by tapping. In very rare cases, the formation of a permanent opening through the abdominal wall or vagina may be indicated. But it is a tedious process; the patient remains for weeks, possibly months, in discomfort from the discharge, with all the danger of suppurative action with pyrexia. He has "seen patients cured in this way, but the cases have been few and far between." As to incision and drainage, it is rather the result of an operation which can not

be completed than the product of design. "There are instances on record, apparently very hopeless, which have got well in this way."

In cases where tapping could be of little use, or has been tried and failed to give relief, then arises the question, "is this a case in which ovariotomy should be recommended to the patient?" And the sort of common-sense rule Mr. Wells has been in the habit of following is to say, "so long as this patient is moderately comfortable; so long as she can walk a mile, or for half an hour without much inconvenience; so long as she can get up and down stairs; so long as there is no great pressure upon any of the organs of the abdomen or pelvis, and she can breathe pretty well, and her heart is not interfered with, such a patient as that may be left to ordinary palliative treatment, with the usual attention to the general health." If the operation be delayed for a time, she should not be subjected to any bootless treatment; that it is quite useless to attempt, by iodine or bromine or lime, or by gold, or by any other remedy, to diminish the size of the tumor, or even to check its growth. All this is useless, and may be injurious. Then when the time comes that the distress caused is telling upon the general health, the question arises, "what is the prospect of success, if the operation be performed?" The patient does not care to know that the mortality is twenty to twenty-five per cent. "She wants to know what the probability of her own recovery is." Sometimes the patient puts off the operation until too late, or wishes to do so; at other times the patient desires the operation before the surgeon thinks it is justifiable. "The probable result of ovariotomy can be estimated with far greater accuracy by a knowledge of the general condition of the patient than by the size and condition of the tumor." A patient with a good constitution will probably recover, even if there is a very large tumor, with extensive adhesions; whereas if a drunkard, or with a feeble heart, unhealthy kidneys or a diseased liver, the operation is hazardous. "The size of an ovarian tumor alone has not appeared to me to affect the result very much," he says; and a

patient accustomed to the life of a sick room bears the operation much better than one who is still able to follow her ordinary pursuits. If the tumor be solid, then its size becomes important on account of the large incision necessitated. Adhesions, except to the pelvis, do not affect the mortality considerably. The only positive contra-indication to operation is the presence of some other disease, which will be fatal. For the sake of relief, the operation is sometimes requested. If cancer of the ovary be suspected strongly, we should be content with tapping and removing any peritoneal fluid, and not attempt removal. On the other hand, cases have lived a long time after the removal of multilocular tumors, which were found to be malignant growths.

When the operation has been decided upon, several important questions arise. The place should be as healthy a place as can be found; the best room in the best house, in the best sanitary condition that can be procured. The bowels should be previously opened, and any abnormal condition of the urine corrected by citrate of potash or other saline. (Mr. W. cut this part very short, but in practice he is very careful about it.) The house and room should be so situated that the patient can be kept quiet after the operation. The table (it is useless to try it on a bed) should be near the window, so that the light falls on the table diagonally, taking care that the operator or his assistants are not in their own light. She is secured by a strap over the knees, so that she can not throw her legs about. The hands should be tied to the legs of the table. "If she have simply a night dress on, with a flannel about her shoulders, she and the bedding are completely protected by the use of a sheet of water-proof cloth, with a hole in the center, around which on the inside adhesive plaster is spread to the extent of an inch or an inch and a half. That is thrown over the patient and adheres to the skin of the abdomen, which ought to be previously well cleaned."

(To be continued.)

Clinic of the Month.

On the Modes of Administering Mercury in Syphilis.—Dr. John Duncan, Surgeon to the Royal Infirmary, in an article on the above subject, in the Edinburgh Medical Journal, August, 1878, says:

There are four principal methods by which mercury may be administered—by subcutaneous injection, by fumigation, by inunction, and by the mouth. About two years ago I read a short note before the Medico-Chirurgical Society concerning some experiments on the subcutaneous injection of mercury. Since that time a second series of observations has been made, and with results which have somewhat modified the opinion then expressed.

On both occasions the experiments were conducted with the bicyanide, the biniodide, and the albuminous solution of the bichloride of mercury, and in the latter series with the bichloride in simple watery solution, in solution from Savory and Moore's lamels, and in combination with morphia. Very little variation was made in the amount injected at one time. A few injections of one-twelfth of a grain were tried, and it was found that the amount made very little material difference in the local irritation. It may be regarded, therefore, as likely that when rapid mercurial action is desired, it is possible to obtain it in this way. But almost invariably, and for every preparation, one-sixteenth of a grain was used, and the observations I have to make refer to this quantity. The injections were made once in twenty-four hours until the gums were slightly touched, after which, according to circumstances, they were left off altogether, or used every second or third day.

I think I may say that one of the most striking results of these experiments was, that we were unable to detect any distinct difference in the action of the various forms of mercury either locally or generally. The observations of others had led us to expect that the bichloride would prove exceedingly irritating and unsatisfactory. We knew that various attempts had been made to overcome this by combining it with morphia, and by converting it into an albuminate. When, therefore, in the first series, we found that the pain and induration which these and all other mercurial preparations caused were very considerable, we did not venture to experiment with the pure bichloride. We had found that at the point of injection there arose a swelling sometimes as large as a walnut, painful, and often persisting for two or three weeks. This was less palpable and less painful if the injection were made deeply, and on the back, shoulder, or buttocks, than if it were simply subcutaneous and on the limbs; but the difference was probably due to the relative exposure to injury and the sensitiveness of the parts. Out of more than two hundred injections there was only one instance in which a tardy suppuration followed the little operation; but the condition of a patient with twelve or fifteen of these tender spots was anything but pleasant, and, in point of fact, a mutiny threatened, and the injections were discontinued. Our second series coincided with the first in so far as similarity between the actions of the various preparations was concerned. But the local irritation was much less. It seemed to be of trifling importance in what portion of the body, or at what depth, or with what preparation, injection was made. The pain and induration were always very small, and the maligned bichloride which we now ventured to try was very little worse than its neighbors. I have found it difficult to determine the reason of this difference in result; but I believe that it was due to the most scrupulous attention to cleanliness on the part of my house-surgeon, Dr. Kirk.

In all other respects the results of the observations were parallel. I shall not enter into details of cases, but sum up

the advantages and disadvantages which appeared to attend this mode of using mercury.

Half a grain was the smallest amount which sufficed to touch the gums. A grain and a half was the largest necessary. The average of all the cases gave a little over fourteen injections as the number required to produce salivation. The precision with which mercurial action was produced was thus very satisfactory, and the total amount of the drug introduced into the system was exceedingly small. Gentle salivation could afterwards be kept up with very great certainty by injecting every second day, with slight variations in the sense of greater or less frequency. Only in one instance did the remedy seem to produce disorder of the stomach and bowels, but as is invariably the case with mercury, lassitude and anemia manifested themselves if the cure proved tedious. On the other hand, I do not think the therapeutic effects differed from those of other modes of exhibition, and there is no doubt that patients strongly object to the continued use of the needle and the production thereby of a number of spots, which, if not exceedingly painful, are yet tender on pressure.

Fumigation.—In directing our attention to mercurial fumigation we did not fail to try various forms of apparatus. We found that for practical purposes the best was a simple porcelain dish divided into two compartments, one containing the mercury, the other an ounce or two of water. This is placed on a tripod with an ordinary spirit lamp below it. Along with the patient it is enveloped in blankets or tarpaulin, being covered by a large cage if the patient be in bed, or by the chair if he be seated. The water is not essential to the process, but seem to render it more comfortable, and aids the production of perspiration. Calomel is, in all respects, the best preparation of mercury that can be used.

We thought it well, in the first place, to endeavor to estimate the value of fumigation alone as a means of introducing mercury into the system. If twenty grains of calomel be volatilized, and the patient be exposed daily to its influence for twenty minutes, no signs of mercurial action are produced;

and even though forty or sixty grains be used, the gums are touched in comparatively a small proportion of cases, and after a long time. The baths were given in the general ward. The patient was absolutely nude, and was put to bed afterwards for an hour or two.

If, on the other hand, the bath be administered in the manner recommended by the advocates of this method,—that is, if the patient be directed to take each time a few inhalations of the fumes, if ablution be forbidden and the underclothing impregnated by the fumes be retained in contact with the skin, then with only twenty grains of calomel salivation may be produced in most cases with considerable rapidity.

The evident conclusion from these experiments is, that while the quantity of mercury absorbed by the skin is insufficient to produce palpable evidence of its presence in the blood, yet so much is thereby taken up as to make it easy to produce this action by other means, such as inhalation. We had incidental proof of the risk of inhaling too freely, and so of the impropriety of attempting to introduce mercury by the lungs alone. One patient, who, contrary to orders, kept her head under the blanket for several minutes (she said as long as she could) suffered in consequence from a very severe attack of bronchitis. No doubt the few breaths which are necessary to the method may be drawn with impunity, at least, so far as evident injury is concerned; but it is a subject for consideration whether administration by the mouth might not be advantageously substituted for inhalation. We found that the exhibition by the mouth of a teaspoonful of the liquor hydrargyri bichloridi twice or three times a day, produced salivation with great certainty and rapidity when combined with mercurial fumigation, although that quantity is very slow of doing so when given alone.

The therapeutic effects of mercurial fumigation are very good. A certain class of cases improved, I think, more rapidly in this way than under any of the other common modes of treatment. It apparently acts by three distinct processes—the introduction of mercury into the system, the production

of diaphoresis, and the topical effect of the remedy. Of patients who come into the Lock Hospital, there can be no doubt that a large number derive benefit simply from the improved dietary, greater cleanliness, and attention to the primæ viæ. In a considerable number of cases I have limited the additional treatment to the daily vapor bath, and the benefit derived from the copious perspiration thus induced has often been very striking. Experience, moreover, would lead me to believe that the action of mercury, however it be administered, is much improved, both in hospital and private practice, by some such means. The Turkish bath, two or three times a week, is admirable, but for the risk of catching cold after it, an objection, however which can not be raised to the daily vapor or hot-water bath at home. But the method of fumigation has yet another advantage. In the experiments which we made without inhalation we were struck by the satisfactory progress of our patients. I was not inclined to believe that the action was purely local, because I found that sore throats, iritis, and other manifestations of syphilis which did not come in contact with the vapor, improved under the treatment; but I felt certain that it did produce a topical effect. Of all the forms the affections of the skin are those which receive benefit most speedily, and in general eruptions I have frequently noted that those portions which were most exposed to the mercurial fumes were precisely those which most speedily disappeared. In one case of squamous syphilide affecting the body and scalp, the disease disappeared on the body before any improvement whatever had shown itself on the head. Such an effect, indeed, one would be prepared to anticipate from the well-known beneficial action of mercurial unguents, and lotions, and powders, in syphilitic diseases of the skin. . . . . .

There only remains for me to say a word as to the preference to be given to one of these modes of administration over the other. I think there can be no doubt that the majority of cases in private practice, when they require mercury, are best treated by the oral method. If small doses be given in the

first place, and gradually increased in frequency till the desired effect be produced, the chances of gastric or intestinal irritation are easily avoided, and salivation can be prevented by the use of chlorate of potash, or alum wash after each dose. The patient is thus permitted to follow his usual avocation, and the remedy may be contined, with proper precautions, as long as may be needful. With the other methods it is difficult, from their inconvenience, uncleanliness, or disagreeableness, to induce the patient to persevere sufficiently long; and one strong objection to the routine use either of mercurial fumigation as practiced by Mr. Lee, or inunction as practiced by Sigmund, lies in the necessity for confinement to the house, and even for a considerable portion of the day to the recumbent position. Exercise in the open air, a nourishing dietary, and even a certain amount of stimulation, especially in chronic cases, are of great importance, whatever be the way in which the mercury be given. I have already said that free action of the skin is very desirable, and the occasional use of the vapor bath is a good method of securing it. In obstinate cases of skin affection, an occasional mercurial vapor bath may advantageously be added, and in hospital cases mercurial fumigation is probably the most efficient plan, at all events, to begin with.

I do not think that inunction and subcutaneous injection hold out sufficient inducement to employ them, otherwise than as exceptional measures in cases of peculiar weakness or individual idiosyncrasy.

Phimosis as a Cause of Rupture in Children.—Dr. J. A. Kempe, in the Lancet, July 27, speaks thus of the relation of phimosis to rupture:

Phimosis in children is a common occurrence, and numerous ill effects can undoubtedly be attributed to it—namely, incontinence of urine, fits, and other spasmodic affections, masturbation resulting from irritation set up by retention of smegma, balanitis, and, later on in life, cancer of the penis. Professor Sayre, in his work on Diseases of Joints, devotes a chapter

to phimosis as a cause of talipes and other paralytic affections. Ziemssen, in an article on "Pressure Points," alludes to the pressure of a tight prepuce on the glans as a cause of paralysis. Lately Mr. Owen has quoted some cases of eczema caused by irritation of dribbling urine, the result of a long or adherent prepuce. He also says, "In cases of umbilical and inguinal hernia it is well to look to the size of the urethral and preputial orifices."

The organ, however, that chiefly pays the penalty of this congenital imperfection is the bladder, and Mr. Bryant, in "Surgical Diseases of Children," says: "I have seen this simple condition of the penis produce every degree of irritability of the bladder, even to hematuria, also retention from the same cause, also priapism." Hernia, too, is frequently met with in children. Malgaigne says one in every twenty-one children has rupture. The causes of hernia generally, whether occurring in man, woman, or child, are divided into two main divisions—(*a*) exciting, (*b*) remote; the latter consisting in imperfection of the abdominal parietes themselves, the former in circumstances which exercise a more than usual compressing force on the viscera which they contain. As an exciting cause, *straining*, either violent or continuous, holds the foremost place. Now straining may be brought about in a good many different ways—coughing, crying, etc. Straining from difficulty in micturition and evacuating the contents of the bladder, I find, has been alluded to by several authors—*e. g.*, Erichsen, Liston, Sir A. Cooper, Spence, Pott, Arnaud, Lawrence,—all of whom mention it in connection with stricture, disease of the prostate, etc., in adults.

I have been unable to find any mention of difficulty in micturition as a cause of hernia in children, and the coëxistence of phimosis and rupture seems hitherto to have escaped notice (except the allusion made by Mr. Owen, *vide supra*). The frequency, however, of phimosis and rupture together, as it occurred to me here, induced me to watch closely and see if it was anything more than a simple coincidence. I therefore

AGE.	Under 6 months.	From 6 to 12 months.	From 12 to 18 months.	From 18 months to 2 years.	From 2 to 2½ years.	From 2½ to 3 years.	From 3 to 3½ years.	From 3½ to 4 years.	From 4 to 4½ years.	Totals.
Rupture.....	15	5	5	1	1	4	0	0	0	31
No rupture.....	4	3	2	3	0	4	0	1	2	19
Total.....	19	8	7	4	1	8	0	1	2	50

took fifty consecutive cases (not selected ones), and found that out of fifty cases of congenital phimosis thirty-one had rupture, in five cases there was double inguinal hernia, and in many of them umbilical hernia as well (umbilical hernia *alone* has not been counted). In none of these cases was the rupture noticed at birth; the earliest was noticed three weeks after birth (here the prepuce was so tight that it was with great difficulty that the child could micturate at all), the latest two years and a half. In all of these cases circumcision was performed; in five the rupture never came down after the operation, and all have been much benefited.

It can not, then, be unreasonable, in the face of these facts, to suppose that a long and tight prepuce may be a cause of rupture in children. The sequel of events is probably as follows: the abdominal parietes are naturally weak in children, which renders them less able to resist impulses which project the viscera against weakened parts. Here, then, is a remote or predisposing cause. The exciting cause is, I think, readily supplied by the frequent and continued efforts that the child makes to overcome the obstruction offered by the tight prepuce, and by the cries uttered consequent on pain caused in making these efforts.

Notes and Queries.

MEDICAL HEROES.—Edmund Burke observed that times of great public mortality are times of great immorality, referring in illustration to the history of the plague in Athens and in London. However this may be, we see revealed in great public distress some of the most generous and heroic qualities of men. A plague smites many of our southern cities, and not only a continent opens its hands to supply the wants of the sufferers, but from beyond the ocean some of the old world's great cities send their benefactions. Not only so, but scores of physicians eagerly go to help their toiling, weary brethren, who are struggling unequally with the fell disease—go even when many of them thus doing in all probability enter the very jaws of death. All honor to these brave men. They reveal the true medical character, and win laurels not for themselves alone but for the profession itself and for our common humanity.

One of the first to go to Memphis upon this noble work was Dr. Renner, of Indianapolis; there, too, are Dr. Easley, of Arkansas, and Dr. Dowell, of Texas—men whom the profession know so well. We mention these gentlemen because we happen to be acquainted with them. We shall be glad to publish a complete list of the medical heroes of the yellow fever epidemic of 1878.

So far too as we have been able to learn, the medical men of the smitten cities—chief among which are Memphis, Vicksburg, Granada, and New Orleans—have bravely remained at their posts, and many of them sacrificed their lives to duty. It was regarded as the grandest utterance of Roman emperor, Cæsar should meet death standing. Surely, if doing be grander than saying, these medical heroes who die meet death standing, standing at the post of duty, and clothe their last hours with imperishable grandeur.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.—The well known medical publishers, William Wood and Co., New York, propose commencing the publication January, 1879, in monthly volumes, standard medical works, each volume containing two to three hundred pages, and to cost only one dollar. Six of these are announced, and the selection is good. These works are to be sold by subscription only, the subscription to be required in advance. The project is well worthy professional support.

Now we have given William Wood and Co. this first rate notice—they have sent requests to editors of medical journals to do them such favor. But, "turn about is fair play," as the boys have it; and therefore let Wm. Wood and Co. publish in their periodicals notices in behalf of the different journals which comply with their request. We shall expect Doctors Shrady, Mundé and Castle to give most complimentary notices of the American Practitioner at the earliest opportunity.

It may be questioned whether wealthy publishers especially are quite justifiable in soliciting gratuitous advertising. Some time since we received from another New York firm, manuscript marked "editor's copy," containing a notice of some works the house was about to publish. We let this copy appear in the pages of our journal, but never to this day have seen the books referred to.

Shortly after this gratuitous advertising, there came from a Philadelphia publisher—a publisher in a small way—a printed notice of a book he was about issuing, and appended to the "puff" a statement that editors who published this notice should have a copy of the book. The notice was thrown into the waste-basket, and of course that book never came to hand.

But we believe better things of William Wood and Co. We are confident that they mean to reciprocate, through the three medical periodicals under their control, the courtesies they are now soliciting from the other medical journals of the country.

LECTURES ON ALCOHOL.—Dr. D. W. Yandell, of Louisville, the editor of the American Practitioner, has been spending some time in London this season, and has been received very warmly on the score of his own personal qualities, not less than of his position, reputation, and hereditary claims to professional esteem. Among other excellent qualities, he has that of dry and discerning humor, and his "letters home" to the Practitioner and the Louisville Medical News are likely to be very interesting, especially if he speak his mind without too much reserve. Among other things he has arrived at the conclusion that Londoners are a little over-lectured just now on the subject of alcohol. Returning home from Dr. Richardson's lecture, and finding a card for the similar lecture of Dr. Alfred Carpenter, he writes home:—"The politeness of the senders of the card will cause me to accept the invitation, and, when I have heard the annual orator, return at once to my room and imitate Rip Van Winkle by 'swearing off.' I am determined upon that. I think I know when I have had enough of a good thing. The pledge is already written. You will observe, however, that, like most of the copartnerships in this country, it is 'limited.' It reads—'I hereby bind myself, on my honor, to take during the remainder of my stay in London no more alcohol whatever [in the form of lectures].' This I shall sign next Tuesday morning." (British Medical Journal.)

TEMPERANCE AND THE MEDICAL PROFESSION.—The National Temperance League of Bath, Eng., recently invited the British Medical Association convened at Bath to breakfast with them. About one hundred and fifty of the members attended, and among the interesting remarks by various members were those of Dr. Fothergill, who said "he felt grateful to Mr. Bowly, and other workers in the temperance cause, for having forced the question of the use of alcohol upon the medical profession; and it might be said that the profession had taken the question up in a spirit of true earnestness and of genuine inquiry, and had done much to further the spread of the dis-

use of alcohol throughout the land. They must recognize the fact that they could only hope successfully to reach the lower grades of society by those of the upper classes first setting the example. For himself he was a teetotaller eighteen out of twenty-four hours. He disapproved of the use of alcoholic liquors during the hours of business. He was sorry to say many medical men recommended their patients to use alcohol, not because they thought it necessary, but because they knew that if they did not do so their patients would go to other practitioners who would."

Is Dr. Hammond Referred to?—The North Carolina Medical Journal for August has a letter from New York, from which the following is extracted:

"And now we hear that in medical circles in North Carolina, it is reported that a prominent neurologist of this city humbugged one of your statesmen from the Blue Ridge region, by suspending a rotating needle before him; if it stopped with its point towards the patient the anterior part of the brain was diseased, whereas if the butt end pointed towards him it demonstrated that the posterior lobes were affected. Now, those who call themselves physicians do but expose their own ignorance, if nothing worse, in repeating this silly story, for they should know the 'needle' has reference to Lombard's delicate thermo-electric apparatus which indicates with great precision the differences in degrees of temperature of various parts of the body, and is used by eminent men in this country and Europe to locate hyperemia, and as an aid to diagnosis."

Absence of External Organs of Generation.—Dr. G. C. Ogle, of Baltimore, in the Maryland Medical Journal for September, communicates this anomalous case:

The subject of this report I have known from her infancy. She is now twenty-eight years of age, tall, but delicately made; sprightly and fond of society. She presents all of the appearances of a well developed woman, mammæ well formed

and general department that of a woman in full possession of perfect generative organs.

I have not had an opportunity to examine this lady since she reached maturity. The following condition was observed at the time of last examination some years ago: There was an entire absence of all of the external organs of generation, and the parts were completely sealed, presenting the appearance of the perineum; no meatus existed and micturition took place through the umbilicus, the urachus not having closed at birth; there being no sphincter at the umbilicus, the urine passes involuntarily and is restrained by wearing a compress. I have not had an opportunity of making a digital examination per rectum to ascertain whether there is a uterus, as she is a modest and refined lady both by birth and education, but believe there is, as she has hemorrhages from the lungs, which recur at irregular intervals, and have done so since she reached maturity, which I believe to be vicarious in place of the catamenia, for which there is no outlet. This lady had a first cousin similarly deformed, who died of consumption before she reached maturity. I had no opportunity to examine this person.

ANENT SIDNEY WILLIAMS.—The Detroit Lancet of August has a letter from a doctor who has been deceived and defrauded, he alleges, by Sidney Williams, and states that S. W. freely used the name of one of the editors of the American Practitioner as a reference. Mr. W. has no indorsement from either editor. Several months ago he, upon his own volition, solicited subscribers for the journal, but was not at any time authorized to receive subscriptions. We regret that any physicians have trusted Mr. W. to their hurt by an unauthorized use of the name of the editor referred to.

ERRATUM.—In Dr. Lockridge's article on Spinal Irritation, in our July number, on page 7, commence the fourth line from the top with the adverb "not," making it read "*not* the ***bruit de scie***, or the filing or rasping bruit," etc.

A QUESTIONABLE UTTERANCE.—In the Neurological Correspondence of the Journal of Nervous and Mental Diseases, July, 1878, the following language is attributed to Dr. William A. Hammond:—"He," *i. e.*, Dr. Hammond, "is in favor of punishing insane people just as he would a tiger who went about destroying people. If a lunatic had a homicidal mania, he would hang him." Let philanthropists rejoice that Dr. Hammond is neither a law-maker nor in charge of a lunatic asylum.

BIBLIOTHECA MEDICA.—In a neat octavo volume of more than two hundred pages, Robert Clarke and Co., the well known publishers and booksellers of Cincinnati, have given a list of twenty three hundred books, American and British, on medical and connected subjects. The list is classified—the different works being given under three hundred and eighty distinct heads; and besides the catalogue tells place of publication, date of last edition, size of volume and price. The book is a marvel of intelligent industry, and will be of great value to the book-buying men of the profession. Mr. Clarke has been assisted in the preparation of this work by Dr. Thomas C. Minor. The price of the volume is twenty-five cents.

HAVE YOU A GOOD MEMORY?—In the Clouds of Aristophanes, one of the characters makes the following reply to the question as to whether he had a good memory: "In two ways, by Jove. If anything be owing to me, I have a very good memory; but if I owe, unhappy man, I am very forgetful." We wish to ask what sort of a memory some of our subscribers have? We are sure, these referred to, so far as their subscriptions to the American Practitioner are concerned, must be unhappy men, because "very forgetful." Let them make themselves happy, and others happy too, by remembering and remitting. There are thousands of dollars due the American Practitioner, and may all delinquents speedily liquidate these claims.